

NURSING ROLES AND RELATIONSHIPS: PERCEPTIONS OF BACCALAUREATE STUDENTS

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THE ISSUE

Socialization involves a continuous process of acquiring the values and norms, attitudes and behaviour patterns associated with particular roles. The more thoroughly the individual internalizes these and accepts the rights and obligations that are a part of the role, the less subsequent socialization will be necessary, and the fewer controls will need to be exercised over the individual in his or her role performance. Nurses, for example, who have internalized the concept of the medical profession as having a superior status and the nursing profession a subservient one, are unlikely to challenge either the structure or function of existing medical or nursing roles (see Ashley 1973). In that nursing in general and nursing education in particular have changed considerably in recent years and continue to be under pressure for change (Kovacs 1974, Freeman 1972, Yelverton 1972), an examination of the perceptions baccalaureate nursing students have of nursing roles and relationships is timely.

Although students' socio-economic and family backgrounds may play a part in developing a conception of nursing roles (Powell 1972) the greatest degree of role socialization occurs during the time the individual is a student. In this context, the education for, and socialization into, this professional role involves the acquisition of requisite knowledge, skills and as well, appropriate attitudes and orientations (see Given 1975:11). It is the latter aspect of nursing socialization that is of interest here, in that these acquisitions are crucial to effective professional functioning and relationships. They are important to the nurse who graduates into, and must function as part of, rapidly changing public and institutional milieux.

Two facets of education are crucial in developing role perceptions and associated attitudes: the socialization that occurs in formal or more structured settings, and that which is a product of informal or

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more unstructured interaction. The former includes classes, seminars and other types of conferences, while the latter involves clinical experiences, peer interaction, role-model presentation by faculty and so on. The interplay of influence between the two areas is quite evident although the impact may be of either a reinforcing or conflicting nature. The philosophy of the particular school and that which teachers have derived from their own education and practical experience, as expressed and interpreted, consciously or unconsciously, in formal and informal settings, will certainly have an impact on student perceptual development. In this regard, the role models available to the student in her educational career are of singular importance. These role models are presented by faculty, other students and working nurses who have different types of interpersonal relationships in the various health agency settings. The importance of nursing educators in this aspect of student development has been noted by Kovacs and Given, among others.

The discrepancies that are often noted between the education process as experienced in student practice and the realities of practice as a graduate (Bramwell 1975, House 1975), also undoubtedly affect students' socialization. Even though the problems and inconsistencies inherent in this transition may be noted only minimally by the students in the course of their clinical experience, they are certain to be noted, with consequent effect upon their perception of nursing roles. One other source of influence upon the socialization process, to which little attention is generally paid, must be mentioned: the status of the baccalaureate nursing student as a member of a larger university community. Several aspects of institutional conflicts in the area of norms and values have been noted by House. The general impact of university life, norms and values, the interaction and experiences in non-nursing courses — particularly in the social sciences and humanities — and other organized and unorganized campus activities may affect the student's perception and interpretation of the profession.

In this paper we examine the attitudes and orientation of baccalaureate students toward several major facets of nursing roles and relationships. In the process, we explore a number of variables which could affect their perceptions: school, with associated differences in philosophy and faculty orientation; year in programme; and a number of family socio-economic variables. While the subject of causality in this type of research is too complex to allow any definitive answers, some indicators of relationships between these variables and student attitudes are sought.

METHOD AND SAMPLE

In the fall of 1976 an extensive questionnaire was administered to nursing students in New Brunswick. Several pre-tests allowed most questions to be pre-coded, aiding in subsequent analysis as well as minimizing problems of coding responses. In that about 35% of the respondents were French-speaking, the questionnaire was carefully translated and checked for meaning, a process aided considerably by pre-coding. One section of the questionnaire consisted of a lengthy series of questions designed to elicit information about the ideas and attitudes of students on various topics relating to the nursing profession and nursing practice. These questions were posed in the form of a statement and students were asked to select one of the following responses: strongly agree, agree, no opinion, disagree, strongly disagree. Data were coded where necessary, transferred to computer cards and then to tape. Each case was triple-checked to ensure accuracy. Analysis of the data utilized the programmes available in the Statistical Package for the Social Sciences (Nie et al. 1975).

In this paper we are concerned only with baccalaureate students from the University of New Brunswick (U.N.B.) and Université de Moncton (U.deM.) the only grantors of nursing degrees in the province. Two hundred and eighty baccalaureate students completed the questionnaire, 177 from U.N.B. and 103 from U. de M., an overall response rate of about 78 percent.

RESULTS

The data from a number of questions about nursing roles and relationships will be presented here, covering topics from the distinction between diploma and baccalaureate nursing roles to the role of nursing in a changing society. These data are correlated with a number of socio-economic variables*, the school attended and the year in programme of respondents. Unless otherwise noted, a relationship is deemed significant if p is less than .05.

A. There is an increasing division between the roles of the diploma and baccalaureate nurse.

This question was included because of the continuing debate surrounding the two types of programmes and recent controversy in

* These include age, father's occupation and education levels, mother's occupation and education levels, and the head of family income. Although the questionnaire yielded detailed data, these were generally dichotomized into High-Low categories for the present analysis. For parental education, High means high school completion or more. Low means less than high school completion. High occupation level refers to categories I-V and Low refers to VI-X on Blishen's (1968) decile scale. High income level means \$11,000 and over while Low income means under \$11,000 per year. The age categories used are 15-19, 20-24 and 25-29.

New Brunswick concerning the transition to two year diploma programmes. Opinion was divided on this issue although about two-thirds (64.4%) of the students agreed or strongly agreed with the statement. Overall response was: Strongly Agree — S.A. — 42 (15.1%); Agree — A — 137 (49.3%); No Opinion — N.O. — 36 (12.9%); Disagree — D. — 57 (20.5%); Strongly Disagree — S.D. — 6 (2.2%); Non-Response* — N.R. — 2. Of the socio-economic factors considered, only Mother's Education was significantly correlated (p less than .01); stronger student agreement being related to High education level. Although year in programme was not important, the school attended was found to be a significant factor. A considerably higher proportion of U.N.B. students (68.6%) than U.deM. students (57.3%) either agreed or strongly agreed. While about the same proportions from each school disagreed, the ratio of no opinion for U. de M. and U.N.B. respondents was better than two to one.

The following two questions are related, with one inquiring about professionalism and nursing generally and the other, about a specific, innovative professional role.

B. The role of the nurse as a health professional should be expanded considerably.

In this question we were concerned with the image of the nurse as a health professional as perceived by those who would themselves soon be active as professional nurses. Opinion on this topic was virtually unanimous as the overall responses indicate: S.A. 111 (40.1%); A. 134 (48.4%); N.O. 20 (7.2%); D. 10 (3.6%); S.D. 2 (0.7%); N.R. 3. The year in programme and the school attended made little difference in the students' responses and, with the significant tendency for low Father's Education level to correspond with disagreement (9 of the 10 in this category), socio-economic factors were not important.

C. The role of the nurse-practitioner should be given much greater emphasis.

This question was included because of the considerable debate in the literature about the role and functioning of nurse-practitioners. We wished to discover student attitudes toward this as a particular, innovative professional role. The overall results: S.A. 57 (20.7%); A. 142 (51.4%); N.O. 59 (21.4%); D. 18 (5.6%); S.D. 0; N.R. 4 — indicate considerable general agreement with the statement. With the exception of a significant relationship between Low

*Non-Responses to the questions are not included in the statistical calculations here.

Father's Education and no opinion (14 of 18) and disagreement (14 of 18), socio-economic variables were not influential. Although the year in programme was unimportant, the school of the respondents was a very significant factor, with a very strong correlation (p less than .001) between U.N.B. students and either agreement or strong agreement when compared with U. de M. students (80.4% of the former and 58.2% of the latter).

The correlations were only fractionally lower (p less than .005) when Father's Education was held constant, ensuring that the school was indeed the important variable here.

The following pair of questions asked the students for their opinion about two major aspects of the nursing role; the prevention and teaching function and the helping and caring function.

D. Nursing should become more oriented toward the areas of prevention and health teaching.

This was seen as almost a "motherhood" issue by students as a whole: S.A. 135 (48.7%); A. 115 (41.5%); N.O. 18 (6.5%); D. 7 (2.5%); S.D. 2 (0.7%); N.R. 3. The U.N.B. respondents were significantly more represented in the strongly agree category (93 or 68.9% of the 135) and in the combined agreement category (93.7% of U.N.B. as opposed to 84.3% of U. de M. students). Age was also a significant factor in both schools; older students expressing stronger agreement than younger respondents, independent of their year in programme. The other socio-economic variables were not significant.

E. Nursing should return to an emphasis on the helping and caring role of the nurse.

Neither school, year in programme, nor most of the socio-economic factors appeared to influence student responses to this issue: S.A. 55 (19.8%); A. 139 (50.0%); N.O. 40 (14.4%); D. 38 (13.7%); S.D. 6 (2.2%); N.R. 2. It was not quite the "motherhood" issue that the previous statement was, with a considerable minority, almost 16 percent, disagreeing. Father's Education was the only socio-economic variable significantly related to student responses; there was more agreement and strong agreement associated with Low education levels and greater general disagreement from those whose fathers were in the High education group.

An additional pair of questions elicited student attitudes and orientation toward the nursing role and function *vis-à-vis* medical practice. These were included in the survey because of problems traditionally associated with the doctor-nurse relationship and current

pressures for change. The first bears directly on the doctor-nurse relationship and the nursing role while the second, in a more general vein, poses a separation of role and function.

F. The present doctor-nurse relationship provides the basis for the best health care possible.

Generally, the majority of respondents disagreed with this statement: S.A. 13 (4.7%); A. 38 (13.8%); N.O. 51 (18.5%); D. 131 (47.5%); S.D. 43 (15.6%); N.R. 4. The data showed that while responses were significantly related to age, the year in programme and school were singularly important. In the first instance, corresponding generally to the year in programme, younger students tended to express much greater agreement than older students. Year in programme was most interesting, however, the proportion of students expressing disagreement or strong disagreement increased markedly from first to fourth year. Combining the two categories we find that 35.8% (20) of the first year respondents, 67.5% (37) of the second year respondents, 67.5% (56) of third year respondents, and 83.6% (61) of fourth year respondents either disagreed or strongly disagreed (p less than .001).

As mentioned above, the school also played an important part here, with significantly greater proportions of U.N.B. than U. de M. students disagreeing or strongly disagreeing; 71.7% (124) and 48.5% (50) respectively, and greater proportions of U. of M. students than U.N.B. students agreeing or strongly agreeing; 34.0% (35) and 9.3% (16) respectively (p less than .001). This relationship was not significantly altered when the year in programme was controlled for.

G. Nursing should stress bedside patient care and leave medicine to the doctors.

The overall response to this question indicated that the majority of students questioned, to some degree, the stereotypical role distinctions between nurses and physicians: S.A. 11 (4.0%); A. 50 (18.1%); N.O. 25 (9.1%); D. 145 (52.5%); S.D. 45 (16.3%); N.R. 4. Upon examination, it was found that year in programme, age, and the other socio-economic variables were not related to the student responses to this statement. There was a slight tendency for disagreement to be stronger among U.N.B. respondents but this was not significant at the .05 level.

The final question examined here concerns the status of nursing in the larger society. Nursing is often regarded by the general public

in a rather traditional and stereotyped manner. We, therefore, decided to elicit student opinions on the ability of nursing to adjust to external changes and pressures.

H. Nursing is not changing enough to meet the needs and demands of a changing society.

Responses to this statement showed no significant relationship between year in programme, age or the other socio-economic variables and student opinion. While more than half of the respondents disagreed or strongly disagreed with this statement, a considerable minority, felt otherwise: S.A. 12 (4.3%); A. 80 (29.0%); N.O. 42 (15.2%); D. 129 (46.7%); S.D. 13 (4.7%) N.R. 4. A significantly higher proportion of U.N.B. students agreed or strongly agreed with the statement while U. de M. students tended to disagree or strongly disagree more frequently; 35.3% of U.N.B. as opposed to 30.1% of U. de M. students and 55.3% of U. de M. as opposed to 48.6% of U.N.B. students respectively (p less than .01).

Although only several instances have been mentioned specifically, in each case where socio-economic factors were found to be influential on student responses, as well as the more frequently important factor of school, further analysis was conducted controlling for these variables. They were found to exert no significant influence on the school-response relationships in question.

DISCUSSION

Taken as a whole, there is a considerable degree of consensus among baccalaureate nursing students in New Brunswick on major aspects of nursing roles and relationships. Generally speaking, the data support the arguments in the literature which stress socialization in the education process as being of critical importance in the formulating of values and norms, attitudes and orientations. For the most part, family socio-economic dimensions have little impact on the attitudes expressed by students. There is some relationship between parental education levels and what might be termed educational-professional role attitudes (statements A, B, C, and E), with lower education being associated with students holding more traditional images of nursing roles. The proportions involved, however, are relatively small and show no significant variation by school.

While age is significant in D it is independent of year in programme and probably reflects personal maturation and experiences more than anything else. However, the age and programme year relationship that is so striking in F clearly indicates that the student's progression through an academic career, continuing socialization and

increasing exposure to a greater number and variety of experiences certainly affects orientations toward nursing roles and relationships. In this instance, the results probably reflect a combination of formal education and personal exposure in institutional settings during clinical experiences. There definitely is a loss of initial idealism about doctor-nurse roles and relationships as students encounter reality in the course of their work.

The overall responses to F and G support this contention and strongly suggest that baccalaureate students are not satisfied with the existing, more traditional stereotypes of role relationships and divisions as perpetuated by the ideological and power relationship that Ashley discusses. The strong expressions of the need for professional role expansion and acceptance of an innovative nursing role, as noted in B and C, are also indicative of changing socialization and role expectations.

The opinions on role distinction between diploma and baccalaureate nurses by the respondents in A illustrate the emphasis within the latter programmes and associated role socialization. These data correspond closely to findings in an earlier study by the authors (1977) in which diploma and baccalaureate students were found to exhibit markedly different patterns of role and career cognitions and expectations, stemming largely from differing socialization.

The strong agreement to D and E illustrates a partial perceptual resolution of an area of conflict in nursing education and professional socialization. Our data indicate that baccalaureate students do not feel that increased professionalism necessarily means a loss of the more humanistic values and attributes of nursing roles. Answers to other questions, F and G in particular, clearly indicate that in their responses the students do not refer to an "expressive" role such as that discussed by Johnson and Martin (1958), but rather to something approaching the more holistic interpretation suggested by Yelverton, combining expressive role and functions with technical expertise.

In the majority of questions, however, the single most significant factor influencing the answers of students is the school they attend. Although, as indicated previously, there was considerable overall consensus, the relationship between student perceptions of important aspects of nursing roles and relationships and the school they attend is rather suggestive. Socio-economic factors did not alter this school-opinion relationship. The demographic and socio-economic status profiles of students in the two schools were very similar and thus also not important variables in contributing to the significant differences discovered. The data from A, C, D, F and H suggest that there

are areas of difference in school philosophy, role presentations in formal and informal situations, in clinical experiences, and in the formal education processes between the two schools. However, causality cannot be definitely attributed to any single factor, or combination of factors, on the basis of information currently available.

It is quite clear, nonetheless, that more U.N.B. students see increasing differentiation between diploma and baccalaureate nurses and are much more accepting of the innovations associated with the nurse-practitioner concept. U.N.B. students also seem to have internalized a stronger orientation toward prevention and health teaching as important nursing functions. U. de M. students, on the other hand, tend to be generally somewhat more traditionally oriented with respect to nursing roles and relationships, as the responses to F and H in particular indicate. The data suggest that U. de M. students are somewhat less accepting of change in nursing roles and somewhat more accepting of the status quo in nursing relationships, than are U.N.B. students.

However, data from other questions that are beyond the scope of this paper, indicate that U. de M. students are more accepting of change in nursing organizations and oriented toward greater and more militant activity on the part of nursing organizations. The differences seem to be change in nursing per se and change in organizational structures. The degree to which these differences are attributable to nursing education and socialization processes, or to differences between the two campuses in terms of student orientations, activism generally and so forth, is open to question.

CONCLUSION

In this study, we find a considerable degree of consensus among baccalaureate nursing students in New Brunswick on several important questions pertaining to the profession. Socio-economic factors appear to have little influence upon students' perceptions of nursing roles and relationships. In spite of the overall general agreement, there are clear and significant differences between the orientation of students at the University of New Brunswick and the Université de Moncton, differences which are not attributable to chance or socio-economic factors. The explanation for these differences appears to lie in variations in socialization and education processes, formal and informal, that occur within, or associated with, each institution.

It would be interesting to conduct a follow-up study of these individuals in several years to determine the extent to which the attitudes and values expressed have changed or been reinforced.

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Comment les étudiantes du baccalauréat perçoivent le rôle de l'infirmière

Cette étude porte sur les processus de socialisation formels et informels qu'expérimentent des étudiantes infirmières du baccalauréat et leur effet sur la façon dont elles perçoivent les rôles clefs de l'infirmière et ses relations avec les personnes du milieu hospitalier. Les données proviennent de questionnaires remplis par les étudiantes de baccalauréat de l'université du Nouveau Brunswick et de l'université de Moncton. On constate une forte unanimité dans la plupart des réponses et les données indiquent qu'il existe un rapport entre le processus de socialisation par l'éducation et l'expression des valeurs, attitudes et perceptions. En règle générale, les étudiantes infirmières se disent insatisfaites des stéréotypes traditionnels qui prédominent encore au sujet des relations entre les rôles et elles sont en faveur d'une expansion et d'une innovation du rôle professionnel. Les différences constatées dans certains domaines entre les étudiantes selon l'établissement seraient dues à des différences dans la philosophie de l'enseignement et peut-être même dans le cadre éducatif lui-même.